

**FOR INSTRUCTIONS, SEE BACK OF FORM****CHECK ONE:**

- ☐ This is an **initial** Statement of Organization
- ☒ This is an **amended** Statement of Organization

\*An initial Statement of Organization should be filled within 10 days of committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

**IA ETHICS & CAMPAIGN  
DISCLOSURE BOARD**
**OCT 15 2003**
**FORM  
DR-1**  
(Rev. 07/00)

**STATEMENT  
OF  
ORGANIZATION**
**For Office Use Only**

Comm. # \_\_\_\_\_

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Computer \_\_\_\_\_

**COMMITTEE NAME (Required by law)**
Grow Davenport
(FKA: Iowa Progress Committee)
5
**IMPORTANT: Indicate type of committee you are reporting for:**

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

**COMMITTEE TREASURER** This address used for all reminders and correspondence  
(Required by law)

**COMMITTEE CHAIR** (List additional officers on separate page)

Name William L. Wilke

Mailing Address 3547 DEER RIDGE COURT

City, State Zip Code BETTENDORF IOWA 52722

Phone (563) 355 6558

e-Mail WLWilke@aol.com

Name Robert Martin

Mailing Address 3111 Fernwood Ave.

City, State Zip Code Davenport IA 52807

Phone (563) 355-8695

e-Mail \_\_\_\_\_

**INDICATE PURPOSE OF COMMITTEE - Check One Box** ☐ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)  
Comment or description:

**All Candidates Enter:**

Office Sought: \_\_\_\_\_ District: \_\_\_\_\_

Political Party (if applicable) \_\_\_\_\_

Year Standing for Election: \_\_\_\_\_

**County/Local Candidates and Local Ballot/Franchise Committees Enter:**

County: \_\_\_\_\_ Date of Election: \_\_\_\_\_

**Bank Account Name**

Grow Davenport

Name of Financial Institution/type of Account US Bank / Community Checking

Mailing Address 201 W 2nd St.

City Davenport State IA Zip 52801

**Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

e-Mail \_\_\_\_\_

**DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION**

Indicate disposition of funds by marking appropriate number in box: ☒

(1) DONATED TO \_\_\_\_\_ COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO \_\_\_\_\_ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE

(3) DONATED TO CHARITABLE ORGANIZATION

(CANDIDATES ONLY)

(specify) \_\_\_\_\_

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

**STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON**

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 58, chapter 88B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

William L. Wilke

Signature of Treasurer

Robert Martin

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

10-15-03

Date Signed

10-15-03

Date Signed

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ORGANIZATION****For Office Use Only**

Comm. # \_\_\_\_\_  
 Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Computer \_\_\_\_\_

**COMMITTEE NAME (Required by law)**Grow Davenport(aka: Iowa Politics Committee)**IMPORTANT: Indicate type of committee you are reporting for:**

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

**COMMITTEE TREASURER** This address used for all reminders and correspondence  
 (Required by law)

**COMMITTEE CHAIR** (List additional officers on separate page)

Name Robert Martin  
 Mailing Address 3111 Fernwood Ave  
 City, State Zip Code Davenport, IA 52807  
 Phone (563) 355-8695  
 e-Mail \_\_\_\_\_

Name Robert Martin  
 Mailing Address 3111 Fernwood Ave  
 City, State Zip Code Davenport, IA 52807  
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**INDICATE PURPOSE OF COMMITTEE – Check One Box** ☐ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)  
 Comment or description: \_\_\_\_\_

**All Candidates Enter:**

Office Sought: \_\_\_\_\_ District: \_\_\_\_\_

Political Party (if applicable) \_\_\_\_\_ Year Standing for Election: \_\_\_\_\_

**County/Local Candidates and Local Ballot/Franchise Committees Enter:**  
 County: \_\_\_\_\_ Date of Election: \_\_\_\_\_

**Bank Account Name** ↓ ↓  
Grow Davenport  
 Name of Financial Institution/type of Account ↓ ↓  
USBank / Community Checking  
 Mailing Address ↓ ↓  
201 W 2nd St  
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓  
Davenport IA 52801

**Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor**  
 ↓ ↓  
 Mailing Address ↓ ↓  
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓  
 Phone ( ) \_\_\_\_\_  
 e-Mail \_\_\_\_\_

**DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION**

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(2) DONATED TO \_\_\_\_\_ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) \_\_\_\_\_

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE  
 (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

**STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON**

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Robert Martin  
 Signature of Treasurer

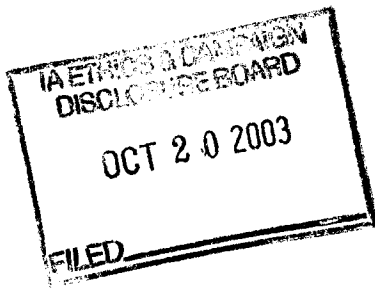
Robert Martin  
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

10-6-03  
 Date Signed

10-6-03  
 Date Signed

# Grow Davenport

3111 Fernwood Ave.  
Davenport, IA 52807



October 9, 2003

Sue Brown  
Iowa Ethics and Campaign Disclosure Board  
514 E. Locust, Ste. 104  
Des Moines, IA 50309

Dear Ms. Brown:

Enclosed is an amended Statement of Organization for the Iowa Progress Committee that I spoke with you about earlier this fall. To reflect the local focus the committee has always had, they have elected to change their name to "Grow Davenport" from "Iowa Progress Committee."

Please contact me if there are any problems with this revision.

Sincerely,

  
Michael Ryan  
563-884-4444

